DLN: 93493218012759 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable Illinois Manufacturers' Association ☐ Address change 36-1256610 ☐ Name change % PHILIP MCCALL Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite □ Application pending (217) 522-1240 City or town, state or province, country, and ZIP or foreign postal code Springfield, IL $\,$ 62701 $\,$ G Gross receipts \$ 4,653,726 Name and address of principal officer H(a) Is this a group return for MARK DENZLER □Yes ☑No subordinates? 220 E Adams St H(b) Are all subordinates Springfield, IL 62701 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) ✓ 501(c) (6) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW IMA-NET ORG L Year of formation 1893 M State of legal domicile IL Summary 1 Briefly describe the organization's mission or most significant activities
TO STRENGTHEN THE ECONOMIC, SOCIAL, ENVIRONMENTAL AND GOVERNMENTAL CONDITIONS FOR MANUFACTURING AND ALLIED ENTERPRISES IN THE STATE OF ILLINOIS Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 38 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 44,444 b Net unrelated business taxable income from Form 990-T, line 34 7b 16,863 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 135.328 9 Program service revenue (Part VIII, line 2g) . 2,609,286 2,714,230 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 99,624 107,120 741,952 751,578 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,450,862 3,708,256 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,548,645 2,357,290 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,040,935 1,124,609 3,589,580 3,481,899 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -138,718 226,357 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 4,227,909 4,238,198 1,977,780 21 Total liabilities (Part X, line 26) . 1,954,080 2,260,418 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-15 Signature of officer Sign Here MARK DENZLER PRESIDENT AND CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-15 P00175845 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 1901 S Meyers Road Suite 500 Phone no (630) 282-9500 Oakbrook Terrace, IL 601815209 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) .

Form 990 (2018)

Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

Forn	n 990 (2	2018)				Page 2
Pa	art III	Statement of Program Se	rvice Accomplishm	ents		
		Check if Schedule O contains a	response or note to any	line in this Part III .		🗆
1	Briefly	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III				
TO S IN T	TRENG HE STAT	THEN THE ECONOMIC, SOCIAL, E TE OF ILLINOIS, RESULTING IN A	NVIRONMENTAL AND GO N ENLARGED BUSINESS	OVERNMENTAL CONDIT BASE AND INCREASE	TIONS FOR MANUFACTURING AND DEMPLOYMENT	ALLIED ENTERPRISES
_	D. J. L.				band mak linkad an	
2						☐ Yes ☑ No
	•					∟ Yes ⊾ No
_						
3				iges in now it conducts	s, any program	☐ Yes ☑ No
						⊔ Yes ⊻ No
4	Section	on 501(c)(3) and 501(c)(4) organ	ızatıons are required to i	eport the amount of g		
4a	(Code) (Expenses \$	ını	cluding grants of \$) (Revenue \$)
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,
4b	(Code) (Expenses \$	ınd	cluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	inc	cluding grants of \$) (Revenue \$)
4d	Other	r program services (Describe in Si				
		enses \$	including grants of \$) (Revenue \$)
4e	Total	l program service expenses >				

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Yes Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🛸 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14h No

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Nο

Nο

Nο

Nο

Νo

Nο

Νo

No

Form **990** (2018)

15

16

17

18

19

20a

20b

21

orm 9	990 (2018)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Parl				
	Check if Schedule O contains a response or note to any line in this Part V			旦
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders .

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in c Enter the amount of reserves on hand

13b 13c

10a

10b

11a

11b

12b

13a

14a

14b

15

12a

No

Nο

Form **990** (2018)

n s	990 (2018)		Page
art	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" re 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	,	lınes 🗹
e	ction A. Governing Body and Management		
		Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year 1a 40		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	41	0		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3:	В		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			n 3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?	to elec	t or appoint one or more	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?) mem	bers, stockholders, or	7b		No
8	$\mbox{\sc Did}$ the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year by			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C		be reached at the	9		No
Se	ection B. Policies (This Section B requests information about policies not requ	ııred b	y the Internal Revent	ie Cod	e.)	·
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernin	g body before filing the	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually intended	terests • •	that could give rise to	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy?			14	Yes	
. -	Did the growing for debrusing a constant of the fellowing many middle and a					

U	Did the diganization have members of stockholders?	ן ט	165	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
				_

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 19 State the name, address, and telephone number of the person who possesses the organization's books and records ▶PHILIP MCCALL 220 E ADAMS ST SPRINGFIELD, IL 62701 (217) 522-1240 20

Form **990** (2018)

orm 990 (2018)										Page 7									
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,									
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆									
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees										
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-									
	of the organization's current key		•																	
ho receive	organization's five current high of reportable compensation (Box of and any related organizations																			
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•									
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2									
ompensate	s in the following order individua ed employees, and former such p	ersons	•																	
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ									
	(A) Name and Title	(B) Average hours per week (list any hours for related	than c	(C) tion (do not check more one box, unless person both an officer and a director/trustee) C T T T						e Reportable Reportable compensation from the organization (W- organizations						Reportable Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-				
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	organization and related organizations									
See Addition	al Data Table						Ŀ													
					l	1		l												

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and I	High	est Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	n off or/t	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

See Additional Data Table	ual trustee otor	tional Trustee	nployee	t compensated		

1b Sub-Total				>		
c Total from continuation sheets to Pa	art VII Section	Δ		⊸ſ		

1b :	Sub-Total						>										
c ·	Total from continuation sheets to Pa	rt VII , Section	Α				▶[
d.	Total (add lines 1b and 1c)						▶		1,0	069,050			68	34,553			76,805
2	Total number of individuals (including of reportable compensation from the o			e list	ed ab	ove) who	rece	eived mo	re than	\$10	0,000)				
																Yes	No
3	Did the organization list any former of	fficer, director	or trust	ee, k	ey en	nplo	yee,	or hi	ghest cor	mpensat	ted e	mplo	yee o	n [
	line 1a? If "Yes," complete Schedule J	for such indivi	dual .		•			•			•	•	•		3		No
4	For any individual listed on line 1a, is organization and related organizations	greater than s	150,00	0? <i>If</i>	"Yes,	" co.	mple	te Sc	hedule J	for suci	h	the					

	otal from continuation sheets to Part VII, Section A otal (add lines 1b and 1c)	1,069,050	684,553			76,805
2	Total number of individuals (including but not limited to those listed above) who f reportable compensation from the organization \blacktriangleright 6	o received more than	\$100,000			
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee, line 1a? <i>If "Yes," complete Schedule J for such individual</i>			3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and organization and related organizations greater than \$150,000? If "Yes," complaindividual	ete Schedule J for suc		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unre	lated organization or i	individual for			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	163	No
S	ection B. Independent Contractors			

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	,		No		
		3		INO		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for					
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No		
Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of com	pensa	tion			

	,			INO
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	. 4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			No
Se	ection B. Independent Contractors			
1	of compens	sation		
	(A) (B)		((2)
	Name and horses address			

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			No				
S	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
(A) Name and business address (B) Description of services								

	(A) Name and business address	(B) Description of services	(C) Compensation				
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0						

Form **990** (2018)

Cresk if Schedule Contains a response or note to any line in the Part (II) Cresk in Contains a response or note to any line in the Part (II) Cresk in Contains a response or note to any line in the Part (II) Cresk in Contains a response or note to any line in the Part (II) Cresk in Contains a response or note to any line in Contains a response or note and line in Contains a response or note	Part	VIII	Statement of	Revenue											
1985 1985			Check if Schedul	e O contains :	a respo	onse or no	ote to any	(A)	Re e fı	(B) elated or exempt unction	Unr bus	(C) elated siness	Reven excluded tax under s	nue I from sections
Barrier December		1:	Federated campaign	ns	1a					re	evenue			512 - !	514
Business Code	nts nts	b Membership dues 1b													
Business Code	irai 10 u				l										
Business Code	s, (An		-												
Business Code	Gift Ilar		_		<u> </u>	<u> </u> 									
Business Code	ıs,			•	_ <u></u> -	<u> </u>									
Business Code	tio: sr.S		and similar amounts no		1f		135,328								
1000 1,246,500 2,246,500	Contribu and Othe		ın lınes 1a - 1f \$				>		135,328						
3	ı					-	Business	Code	2.2	46 520	2 246	520			
3	หม							310000							
3	æ	_						310000							
3	MCe	_						310000							
3	Ser	-						310000			125	,230	16 4	.65	
3	an	е	ADVERTSING INCOME					323100					10,4		
3	ıßo.	f	All other program se	rvice revenue		L				8,280	8	,280			
### Similar amounts	4	g	Total. Add lines 2a-2	f		>	2,7	14,230							
### A finction investment of tax-exempt bond proceeds						ınterest, a	and other		60 17	1					60 171
S Royaltes			similar amounts)												
Control Cont			·					<u> </u>					6,289		713,231
Description Companies Co			·												
Description		6a	Gross rents]							
C Rental income or (loss)		ŀ	Less rental expenses		21,690										
Closs		_													
Ta Gross amount from sales of than inventory 992,419		c			21,690		0								
To from sales of sesets other than inventory Description Descriptio		c	ا Net rental Income oi	r (loss) . .			•	<u> </u> 	21,69	0			21,690		
Trom seles of assets other than inventory b Less cost or other basis and seles expenses 945,470 46,949				(ı) Securit	ies	(11)	Other								
Page 2 P		7a		ç	92.419										
b Less cost or other bass and sales expenses c Gan or (loss) d Net gain or (loss) 346,949 d Net gain or (loss) 46,949 d Net gain or (loss) 46,949				_	,										
other basis and sales expenses C Gain or (loss) 46,949		ŀ	·												
C Gain or (loss)			other basis and	g	45,470										
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a		45.040]									
(not including \$ of contributions reported on line Ic)		d Net gain or (loss)			>	46,949							46,949		
contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 0 10aGross sales of inventory, less returns and allowances a b Less cost of goods sold . b c Net income or (loss) from sales of inventory	a														
a 0 b Less direct expenses b 0 0 c Net income or (loss) from gaming activities	ž F		contributions reporte		_	,	0								
a 0 b Less direct expenses b 0 0 c Net income or (loss) from gaming activities	eve	L	•												
a 0 b Less direct expenses b 0 0 c Net income or (loss) from gaming activities	r R				_	ents .		J		0					
a 0 b Less direct expenses b 0 0 c Net income or (loss) from gaming activities)the	9a Gross income from gaming activities								1					
b Less direct expenses b	O		See Part IV, line 19		9		0								
c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . a		b	Less direct expenses	s											
returns and allowances a 0 0 b Less cost of goods sold b 0 0 0 C Net income or (loss) from sales of inventory • 0 Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 561110 10,368 10,368 b c d All other revenue			•			les	•	J		0					
a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		10					<u> </u>								
b Less cost of goods sold b 0 c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 561110 10,368 10,368 b c d All other revenue			returns and allowand	es	а		0								
Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 561110 10,368 10,368		b	Less cost of goods s	old	b		0								
Miscellaneous Revenue Business Code 11aMISCELLANEOUS INCOME 561110 b 10,368 c d All other revenue		c	: Net income or (loss)	from sales of	invent	tory .	. •	1		0					
b c d All other revenue e Total. Add lines 11a–11d			Miscellaneous	Revenue			ss Code								
d All other revenue		11	amiscellaneous in	COME			561110		10,36	8	10,368				
d All other revenue															
d All other revenue		b	•												
d All other revenue										+					
e Total. Add lines 11a–11d		C	•												
e Total. Add lines 11a–11d		٠	All other rever							1					
12 Total revenue. See Instructions							•			+					
3,/08,256 2,/08,133 44,444 820,351						•	F		10,36	8					
			otal levellue. 566	I I SU UCUONS	<u> </u>	• •	• •		3,708,25	6	2,708,133		44,444		

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	-			
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	656,693			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	740,573			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	239,864			
9 Other employee benefits	505,998			
10 Payroll taxes	214,162			
11 Fees for services (non-employees)				
a Management	0			
b Legal	56,369			
c Accounting	39,400			
d Lobbying	10,074			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	15,167			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	137,128			
12 Advertising and promotion	26,576			
13 Office expenses	109,437			
14 Information technology	15,169			
15 Royalties	0			
16 Occupancy	138,381			
17 Travel	180,469			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	20,655			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	45,834			
23 Insurance	51,080			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	·			
a DUES AND SUBSCRIPTIONS	39,615			
b SPECIAL EVENTS EXPENSE	208,345			
c FURNITURE AND FIXTURES	9,372			
d OTHER CONTRIBUTIONS	6,250			
e All other expenses	15,288			
25 Total functional expenses. Add lines 1 through 24e	3,481,899			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				1

Page **11**

4.238.198

1.199.321 0

778.459

0

0

0

0

0

1.977.780

2.260.418

2,260,418

4,238,198

Form **990** (2018)

0

0

15

16

17

18

19

20 0

21

23

24

25

26

27 28

29

30

31 32

33

34

0 22

0

0

1.954.080

2.273.829

2,273,829

4,227,909

0

4.227.909

1.127.687

826,393

Form 990 (2018)

15

16

17

18 19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

	Beginning of year		End of year
1 Cash-non-interest-bearing	397,032	1	929,345
2 Savings and temporary cash investments	0	2	0
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	767,983	4	365,529
5 Loans and other receivables from current and former officers, directors,			

	_	ricages and grants receivable, net		•	_	_	-		
	4	Accounts receivable, net	767,983	4	365,529				
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	0	5	0				
its	7	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations in Part II of Schedule L. Notes and loans receivable, net	0	6	0				
Assets	8	Inventories for sale or use		0	8	0			
A	9	Prepaid expenses and deferred charges			95,267	95,267 9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,853,240					
	ь	Less accumulated depreciation	10b	1,043,876	782,106	10 c	809,364		

		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	ations o	0	6	0	
ssets	7	Notes and loans receivable, net	0	7	0		
	8	Inventories for sale or use	0	8	0		
4	9	Prepaid expenses and deferred charges			95,267	9	96,255
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,853,240			
	ь	Less accumulated depreciation	10 b	1,043,876	782,106	10c	809,364
	11	Investments—publicly traded securities .			2,185,521	11	2,037,705
	12	Investments—other securities See Part IV, line	11 .	[0	12	0
	13	Investments—program-related See Part IV, line	e 11 .		0	13	0
	14	Intangible assets		[0	14	0

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,708,256
2	Total expenses (must equal Part IX, column (A), line 25)	2			,481,899
3	Revenue less expenses Subtract line 2 from line 1	3			226,357
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,273,829
5	Net unrealized gains (losses) on investments	5			-239,768
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,	,260,418
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	"
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	'
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Additional Data

EIN: 36-1256610

Software ID: Software Version:

Name: Illinois Manufacturers' Association

Form 990 (2018)

Form 990, Part III, Line 4a:

IMA PROVIDES EDUCATIONAL SERVICES TO ITS MEMBERS THROUGH CONFERENCE AND PUBLICATIONS

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	ا ا	a uii	eccc	<i>/</i> / Ci	usice		Organization	organizations	monnthe		
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
Gregory W Baise	18 75	x		×				207,061	412,746	16,500		
President/CEO	18 75	l		,,					,			
Rick Delawder Chairman of the Board	37 5	x		x				0	0	0		
Linda Boasmond Vice Chariman of the Board	37 5	×		х				0	0	0		
Mark Frech	37 5											

Χ

0 0 10

0 0 10

0 0 10

0 0 10

0 0 10

0 0

...............

Х

Χ

Х

Х

Х

Х

144,677

0

0

0

8,680

0

0

Chairman of the Board	0 0
Linda Boasmond	37 5
Vice Chariman of the Board	0 0
Mark Frech	37 5
Secretary	0 0
Greg Webb	37 5

Treasurer

David Arch

Brian Atwood

Director

Director

Mike Broz

Director

Director

Director

Kevin Callis

David Bumbar

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer from the week (list from related compensation

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Keith Carman	1 0	×						0	0	0
Director	0 0	l							O	0
Michael Cassel Director	10	x						0	0	0
Director	0.0			├						
Janice M Christiansen	1 0	×						0	0	0
Director	1 0	l								
Dr Ken Ender Director	1 0	×						0	0	0
Director	0.0	ı	I							

1 0

10

00

00

0 0

00

0 0

Х

Χ

Х

Х

Х

Χ

0

0

Director
Dr Ken Ender
Director
Andrew Faville
Director

Robert Feeney

Jason Francque

Patrick Gordon

LeRoy Hagenbuch

William M Hickey Jr

Director

Director

Director

Director

Director

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and	a dır	recto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Steven Kase Director	1 0	×						0	0	0
Karen Kurek Director	10	×						0	0	0
Aundrea Lollar Director	1 0	×						0	0	0
Dawn I Madaan	1 0									

0

0

0

0

0

Natel Nutek		x			0	
Director	0 0	,				
Aundrea Lollar	1 0	×			0	
Director	0 0	^				
Barry L Maclean	1 0	×			0	
Director	0 0	, ,				
	1.0					

0 0 10

0 0 10

0 0 10

10 1 0

0 0

...............

Х

Χ

Х

Х

Х

Х

and Independent Contractors

Thomas G Mercier

Director

Director

Director

Director

Director

Director

Mike Reese

Giles Miller

John Murphy

Patrick J Ormsby

Albert Miller

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

l l	ally flours	l and	a uii	ecto	217 (1)	usiee)		Organization (organizations	I monitule .
	for related organizations below dotted line)	individual trustee or director	lostitutional Trustee		key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Larry Scott Director	1 0	x						0	0	0
Marsha Serling Director	1 0	x						0	0	0
Michael Smyth Director	1 0	x						0	0	0
Renee Togher Director	1 0	×						0	o	0
Paul Vercher	1 0	_						0	0	0

0 0 10

0 0 10

0 0 10

0 0 10

0 0

...............

Χ

Х

Х

Х

Χ

0

0

0

0

0

0

Director
Renee Togher
Director
Paul Vercher

Director

Director

Director

Director

Director

Jill Wolowitz

Tom Walters

Tom Welge

George A Vincent III

Sandra Westlund-Deenihan

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

Х

organization

119,138

106,092

organizations

from the

7,368

7,149

5,942

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

James Nelson

Cindy Tomei

VP Membership

VP External Affairs IMA

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mark Denzler	37 5			x				263,275	72,000	16,500
Vice-President Gov't Affairs	1 0			''					, _,,,,,	
Tım Klasınskı	18 75					×		56,612	187,807	14,666
Vice President Marketing - CMO	18 75					^		30,012	107,007	14,000

any hours

			Х		263,275	72,000	
Vice-President Gov't Affairs	1 0				·	·	
Tım Klasınskı	18 75						
				X	56,612	187,807	
Vice President Marketing - CMO	18 75						
Philip McCall	32 0						
				x	172,195	12,000	
Vice President Finance/CFO	5 5					,	

37 5

0 0 37 5

0 0

......

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493218012759

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

If the	Section 501(c) (other than section 5 Section 527 organizations Complete organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" of a y Tax) (see separate instruction Section 501(c)(4), (5), or (6) organization of the organization of Manufacturers' Association	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy s), then	arts I-A and C below n 990-EZ, Part VI, Imer section 501(h)) Coi under section 501(h) Tax) (see separate in	e 47 (Lobbying Acomplete Part II-A Do i) Complete Part II- istructions) or For Employe 36-1256	etiviti o not e B Do em 99	es), i comp o not 00-EZ	olete Part II-E complete Pa Z, Part V, ling ication num	art II-A e 35 c
1		ization's direct and indirect political						
	"political campaign activities")	·	, 3	•				
2 3	Political campaign activity expend				>	\$_		20,000
	Volunteer hours for political camp t I-B Complete if the orga	nization is exempt under sec	tion 501(c)(3).					
1	<u> </u>	ax incurred by the organization under			>	\$		
2	Enter the amount of any excise to	ax incurred by organization managers	s under section 4955		>	\$_		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	or this year?				☐ Yes	□ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the orga	nization is exempt under sec	tion 501(c), exce	pt section 501(c)(3	3).		
1	, ,	ed by the filing organization for secti	•		•	\$_		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to othe	r organizations for se	ction 527 exempt	•	\$_		20,000
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	>	\$_		20,000
4	Did the filing organization file For	m 1120-POL for this year?					☐ Yes	✓ No
5	organization made payments For of political contributions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deliv ee (PAC) If additional space is neede	mount paid from the vered to a separate po	filing organization's olitical organization,	func	ls Al	so enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizati funds If none, e -0-	on's		(e) Amount of contributions and prompt directly delived separate programments or separate	s received otly and vered to a political If none,
	Manufacturers cal Act Comm	2200 E Adams St Springfield, IL 62701	36-2853013	-	20,00	0		20,000
2								
3								
4								
5								
6								
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-E	Z. Cat	No 50084S Schee	lule C	(For	m 990 or 990	D-EZ) 2018

Grassroots ceiling amount

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public?

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

political organizations

If "Yes," enter the amount of any tax incurred under section 4912

1

3

1

2

b

С Total

3

4

5

Part IV

Part I-A, Line 1

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

Yes

2,246,520

372,960

36,860

409,820

372,960

36,860

(a)

No

Yes

1

2a

2b

2c

3

4

5

Schedule C (Form 990 or 990EZ) 2018

e Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A 501(c)(6).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Nο

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

Explanation

\$20,000 was given to the Manufacturers Political Action Committee and that money was then distributed to

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493218012759 OMB No 1545-0047

Open to Public **Inspection** Employer identification number

Illın	ois Manufacturers' Association				36-	1256610			
Pa	Organizations Maintaining Donor Advi-								
				sed funds		(b)Funds and	other a	accounts	
L	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
1	Aggregate value at end of year								
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex	clusive legal contro) ?					Yes 🗌 N	o
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						ıble	Yes 🗌 N	o
Pa	rt III Conservation Easements. Complete if th	ne organization a	nswe	red "Yes" on	Form 990), Part IV, lin	e 7.		
L	Purpose(s) of conservation easements held by the organ	nızatıon (check all t	hat a	oply)					
	\square Preservation of land for public use (e g , recreation	n or education)		Preservation	of an histor	rıcally ımportar	it land a	irea	
	Protection of natural habitat			Preservation	of a certifie	ed historic struc	ture		
	☐ Preservation of open space								
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in t	he form of	a conservation Held at the	End o	f the Vear	\neg
а	Total number of conservation easements				2a	Tield de cir	<u> </u>	r the rear	\neg
b	Total acreage restricted by conservation easements				2b				\neg
С	Number of conservation easements on a certified histori	c structure include	d ın (a)	2c				\neg
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06,	and n	ot on a histori	c 2d				
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	uished	l, or terminate	ed by the or	ganızatıon dur	ng the		
1	Number of states where property subject to conservation	on easement is loca	ted ►			_			
5	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds	ne periodic monitor s?	ıng, ır	spection, hand	dling of viol		Yes	□ No	
5	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	iolatio	ns, and enforc	ing conserv	ation easemen	ts durin	g the year	
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ons, ai	nd enforcing co	onservation	easements du	rıng the	year	
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$	above satisfy the	require	ements of sect	ion 170(h)i		Yes	□ No	
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or	s in its ganiza	revenue and tion's financial	expense st I statement	atement, and s that describe	s		
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			Other Si	milar Asset	5.		
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducat	on, or researc	h in furthei				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items								
(i) Revenue included on Form 990, Part VIII, line 1					> \$			
(i	ii)Assets included in Form 990, Part X					▶ \$			
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				r financial g	gain, provide th	ıe		
а	Revenue included on Form 990, Part VIII, line 1	, , , , , ,				▶ \$			
	Assets included in Form 990 Part X					• • • • • • • • • • • • • • • • • • •			

Cat No 52283D

Schedule D (Form 990) 2018

ाः	2111	Organizations Ma	<u>aintain</u> ing Col	lections o	f Art, I	<u>Hıs</u> tori	<u>ca</u> l T	<u>reas</u> u	ires, or	Other	<u>Similar</u> A	ssets (<u>con</u> tını	ied)	
3		the organization's acq (check all that apply)			•				•			•			
а		Public exhibition				d		Loan	or excha	nge pro	grams				
b		Scholarly research				e		Othe	r						
С		Preservation for future	e generations												
4	Provide Part	de a description of the XIII	organızatıon's col	lections and	explain	how the	ey furtl	her the	e organiz	atıon's e	xempt purp	ose in			
5		ng the year, did the organists to be sold to raise fur									nılar	☐ Ye	es [_ N•	0
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			on Fo	rm 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on F	Form 9	990,	Part
1a	Is the	e organization an agent ded on Form 990, Part)	, trustee, custodi X?	an or other i	ntermed	diary for	contri	bution	s or othe	r assets	not	☐ Ye	es [_ N•	o
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the fo	ollowina	table		[Amount			_
c		nning balance	iniche in Fare XIII	and comple	ice the it	onoming	cabic			1c					_
d	_	ions during the year							ŀ	1d					_
e		butions during the year	r							1e					_
f	Endin	ng balance							l	1f					_
2a	Dıd tl	he organization include	an amount on Fo	rm 990, Pari	t X, line	21, for	escrov	v or cu	stodial a	ccount li	ability?	. <u> </u>	es [N∙	– D
		es," explain the arrange													
Pai	rt V	Endowment Fund	ds. Complete if								 				
	Paginn	ung of vory balance		(a)Current	t year	(b) P	rior yea	r	(c)Two ye	ears back	(d)Three ye	ears back	(e)Fou	ır year	s back
	_	outions						-							
		vestment earnings, gair	e and losses					-							
		or scholarships						-							
		expenditures for facilities						-							
		ograms													
f.	Admını	strative expenses .													
g	End of	year balance													
2 a		de the estimated percei d designated or quasi-e	=	ent year end	balance	e (line 1	g, colu	mn (a))) held a	5					
b	Perm	anent endowment 🕨													
c	Temp	orarily restricted endov	wment >												
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100)%										
За		here endowment funds	not in the posses	sion of the c	organiza	tion that	t are h	eld an	d admını	stered fo	r the		г	Yes	N-
	-	nrelated organizations										3:	a(i)	res	No
	• •	elated organizations											a(ii)	+	
b	• •	es" on 3a(II), are the rel		ns listed as re	equired	on Sche	dule R	? .					3b		
4	Descr	ribe in Part XIII the inte	ended uses of the	organization	n's endo	wment f	funds								
Par	t VI	Land, Buildings,					_			<u> </u>	000				
	Docer	Complete if the orderty	ganization ansv (a) Cost or oth			rm 990 t or other					rm 990, Pa depreciation		<u>ne 10.</u> (d) Bool	c value	
	Descri	iption of property	(investme		(D) COSI	. or other	บนอเอ (outer)	(C) ACC	annuiated (асрі есіаціон	'	(4) 000	· value	-
1 2	Land						31	80,000							380,000
	Land Buildin							57,691			931,953				325,738
		nold improvements					1,2	27,001			231,233				323,730
		nent					2	15,549			111,923				103,626
	Lquipii Other	none i i i						-,			,				,020

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

	Investments—Other Securities. Complete if the or See Form 990, Part X, line 12.	3	iisweieu		330, raic 10, inic 1151
	(a) Description of security or category (including name of security)	(b) Boo valu	k		ethod of valuation d-of-year market value
	al derivatives				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment	990, Part IV (b) Book va		(c) Me	ethod of valuation
(1)				Cost or en	d-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	an (b) must equal Form 990. Part X. col (B) line 13)	L			
Total. (Colum	Other Assets. Complete if the organization answered 'Yes	▶ s' on Form 990	, Part IV, lır	ne 11d See Foi	
Total. (Colum Part IX		b' on Form 990	, Part IV, lir	ne 11d See Foi	rm 990, Part X, line 15 (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Yes	▶ ' on Form 990	, Part IV, lir	ne 11d See Foi	
Part IX (1)	Other Assets. Complete if the organization answered 'Yes	▶ s' on Form 990	, Part IV, lii	ne 11d See Foi	
Total. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered 'Yes	▶ s' on Form 990	, Part IV, lir	ne 11d See Fol	
(1) (2) (3)	Other Assets. Complete if the organization answered 'Yes	▶ s' on Form 990	, Part IV, lir	ne 11d See Foi	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes	' on Form 990	, Part IV, lir	ne 11d See Foi	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes	o' on Form 990	, Part IV, lir	ne 11d See Foi	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes	o' on Form 990	, Part IV, lir	ne 11d See Foi	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes	or Form 990	, Part IV, lir	ne 11d See Foi	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15)				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes (a) Description				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Columnary X	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the column	Other Assets. Complete if the organization answered 'Yes (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	ered 'Yes' on	Form 990		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal I	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (7) (1) Federal (1) Federal (2)	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (7) (1) Federal (1) Federal (2) (3)	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (7) (7) (8) (1) Federal (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnar X 1. (1) Federal (1) (2) (3) (4) (7)	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Part X 1. (1) Federal (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Part X 1. (1) Federal (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	ered 'Yes' on	Form 990		(b) Book value

Schedule D (Form 990) 2018

Page 4

Pa		venue per Audited Financial Statemo zation answered 'Yes' on Form 990, Pari			Return	
1	•	upport per audited financial statements .			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a	1		
ь	Donated services and use of facili	ties	2b		\dashv	
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d		٠.		2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b		٠		4c	
5	Total revenue Add lines 3 and 46	. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari			r Return.	
1		dited financial statements			1	
2	Amounts included on line 1 but no					
а		ties	2a	1		
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
e	,		<u> </u>			
3	-				3	
4	Amounts included on Form 990, F					
а	<i>,</i>	d on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII) .	, , ,	4b			
С			<u> </u>			
5		Ic. (This must equal Form 990, Part I, line 18			5	
Pai	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			art V, line 4,	Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					
					_	

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 36-1256610

Name: Illinois Manufacturers' Association

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	The Association and IMA-EF are exempt from federal income taxes under Sections 501(c)(6) a nd 501(c)(3), respectively, of the Internal Revenue Code. The Association and IMA-EF may be subject to federal and state income taxes on income unrelated to their exempt purpose. M PAC is exempt from income tax except for tax on net income from investments and nonpolitic all activities. XPS is subject to federal and state income taxes. XPS accounts for income to axes in accordance with income tax accounting guidance (ASC 740, Income Taxes). The income tax accounting guidance results in two components of income tax expense current and deferred. Current income tax expense reflects taxes to be paid or refunded for the current period by applying the provisions of the enacted tax law to the taxable income or excess of deductions over revenues. XPS determines deferred income taxes using the liability (or balance sheet) method. Under this method, the net deferred tax asset or liability is based on the tax effects of the differences between the book and tax bases of assets and liabilities, and enacted changes in tax rates and laws are recognized in the period in which they occur. Deferred income tax expense results from changes in deferred tax assets and liabilities between periods. Deferred tax assets are reduced by a valuation allowance if, based on the weight of evidence available, it is more likely than not that some portion or all of a deferred tax asset will not be realized. IMA is no longer subject to examination by federal, state and local authorities for periods before 2015.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19321	8012	759
Schedule J		Co	10	1B No	0047			
(For	m 990)	For certain Office	hest	•				
		► Complete if the orga	Compensa anization answ	ited Employees vered "Yes" on Form 990, Part IV	, line 23.	20	118	}
Б	64 7		▶ Attach	to Form 990. instructions and the latest infor) Den i		
•	tment of the Treasurv al Revenue Service	P Go to <u>www.ns.gov</u>	7 <u>71 07111990</u> 101	mistructions and the latest infor	ilation.		ectio	
	me of the organiza				Employer identificat	tion nu	ımber	
111111	ois Mandiacturers A	ssociation			36-1256610			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments lary spending account		Health or social club dues or initiati Personal services (e.g., maid, chau				
	LI Discretion	lary spending account	Ш	Personal services (e g , maid, chau	rreur, cher)			
b		xes in line 1a are checked, did th ill of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	e Ia'			
3				ed to establish the compensation of to not check any boxes for methods	he			
	_	•	117	CEO/Executive Director, but explain	ın Part III			
	Componer	ation committee	П	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	ition committee			
4			90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
	related organiza							
a		ance payment or change-of-cont				4a		No
b c	•	r receive payment from, a supple r receive payment from, an equit	•	· ·		4b 4c		No No
·		• • • • • • • • • • • • • • • • • • • •	,	blicable amounts for each item in Par	t III			NO
), 501(c)(4), and 501(c)(29)	_					
5		ed on Form 990, Part VII, Sectior ontingent on the revenues of		the organization pay or accrue any				
а	The organization	٦٦				5a		
b	Any related orga					5b		
_	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	n A, line 1a, did i	the organization pay or accrue any				
a	The organization					6a		
Ь	Any related orga					6b		
7	•	6a or 6b, describe in Part III	السماد عالل	the eventuation was also seed of	4			
7	payments not d	escribed in lines 5 and 6? If "Yes	," describe in Pa		α	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 1	50053T Schedule J	(Form	990)	2018

Part II Officers,	Dire	ctors, Trustees, Key	y Employees, and Hi	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	
instructions, on row (ii)	Do no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII				t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Gregory W Baise President/CEO	(i)	207,061			16,500		223,561	
Tresidenty ele	(ii)	207,061	205,685				412,746	
2 Mark Frech Secretary	(i)	144,677			8,680		153,357	
3 Mark Denzler Vice-President Gov't Affairs	(ii) (i)	263,275			16,500		279,775	
	(ii)		72,000				72,000	
4 Tim Klasinski Vice President Marketing - CMO	(i) (ii)	56,612 56,612	131,195		14,666		71,278 187,807	
5 Philip McCall Vice President Finance/CFO	(i) (ii)	172,195	12,000		7,368		179,563 12,000	

Schedule J (Form 990) 2018	Page 3							
Part III Supplemental Information								
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation							

Schedule 1 (Form 990) 2018

efile GRAPH	DLN:	DLN: 93493218012759							
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional informat Attach to Form 990 or 990-EZ.	al Information to Form 990 or 990-EZ ride information for responses to specific questions on 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.							
Namel Betherofg Illinois Manufacture	ä≰itan and and and and and and and and and a	Employer identi	Inspection fication number						
Return Reference	Explanation								
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ACTIVE AND ASSOCIATE MEMBERS THE ACTIVE MEMBERS SHALL CONSIST ONLY O CORPORATIONS, PARTNERSHIPS, AND SOLE PROPRIETORSHIPS ENGAGED IN MANUFACTURING EITHER IN THE STATE OF ILLINOIS, OR ELSEWHERE IN THE U S A WITH HEADQUARTERS IN THE STATE OF ILLINO S ACTIVE MEMBERS SHALL HAVE THE RIGHT TO HOLD OFFICE OR SERVE AS DIRECTORS THE ASSOCIAT MEMBERS SHALL CONSIST OF CORPORATIONS, PARTNERSHIPS, AND SOLE PROPRIETORS ENGAGED IN MAN IFACTURING OUTSIDE OF ILLINOIS BUT IN THE US OR THOSE THAT ARE INTERESTED IN MANUFACTURING PURSUITS IN THE UNITED STATES NO ASSOCIATE MEMBER SHALL HAVE THE RIGHT TO HOLD OFFICE OR SERVE AS DIRECTORS IN ALL OTHER ASPECTS, ASSOCIATE MEMBERS SHALL ENJOY THE SAME RIGHTS A ID PRIVILEGES AS ACTIVE MEMBERS								

Return Explanation
Reference

FORM 990,	THE BOARD SERVES TWO-YEAR TERMS SO THAT EACH YEAR ONE-HALF OF THE BOARD IS ELECTED BALLOT
PART VI,	S ARE SENT TO ALL ACTIVE MEMBERS IN THE FALL FOR THEM TO VOTE ON THE DIRECTORS WHOSE TERM
SECTION A,	WOULD EXPIRE
LINE 7A	

Return Explanation
Reference

FORM 990, MINUTES ARE ON FILE FOR EACH BOARD MEETING, BUT NOT EACH COMMITTEE MEETING IN MOST CASES, MAJOR DECISIONS MADE IN COMMITTEE WOULD BE REPORTED AT BOARD MEETINGS AND RECORDED IN THE SECTION A, LINE 8A

Return Explanation
Reference

FORM 990, THE FORM 990 AND ALL OTHER RELATED TAX RETURNS ARE PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND ARE REVIEWED BY TEH ASSOCIATION'S MANAGEMENT AND EXECUTIVE COMMITTEE PRIOR TO FILING SECTION B, LINE 11B

Return Explanation
Reference

FORM 990, CONFLICT OF INTEREST SHEETS ARE SIGNED ANNUALLY
PART VI,
SECTION B,
LINE 12C

Return
Reference

EXPLANATION
EXPLANATION DATA EPOM AN ASSOCIA

FURIVI 990,	FOR ALL EMPLOTEES OTHER THAN THE PRESIDENT, IMA COMPILES COMPENSATION DATA PROM AN ASSOCIA
PART VI,	TED FORUM SURVEY FOR EACH JOB TITLE (OR AS CLOSE AS WE CAN GET TO A JOB TITLE) IMA THEN C
SECTION B,	OMPARES THAT TO THE EMPLOYEES CURRENT COMPENSATION AND TRY TO KEEP THEM BELOW THE 75TH PER
LINE 15A	CENTILE THEN ONCE THE PRELIMINARY BUDGET IS COMPLETED, A REQUEST IS SENT TO THE BOARD COM
	PENSATION COMMITTEE FOR ANY INCREASES THAT CAN BE SUPPORTED BY THE BUDGET SO THESE CAN BE
	APPROVED OR REJECTED

Return Explanation

FORM 990.	THE PRESIDENTS SALARY IS SOLELY DECIDED BY THE CHAIRMAN OF THE BOARD. THE PRESIDENT IS FRE
I OKW 990,	THE FRESIDENTS SALART IS SOLLET DECIDED BY THE CHAIRMAN OF THE BOARD. THE FRESIDENT IS TRE
PART VI,	E TO SUPPLY THAT PERSON WITH WHATEVER DOCUMENTATION THEY WISH TO SUBSTANTIATE AN INCREASE
SECTION B,	IN MOST YEARS, THE PRESIDENT HAS RECEIVED WHAT WAS GIVEN TO THE STAFF
LINE 15B	

Return Explanation
Reference

LINE 19

FORM 990, THESE DOCUMENTS ARE AVAILABLE UPON REQUEST PART VI, SECTION C.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R

(Form 990)

Department of the Treasury

SPRINGFIELD, IL 62701 36-2853013

Illinois Manufacturers' Association

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Employer identification number

DLN: 93493218012759OMB No 1545-0047

Open to Public Inspection

							36-12	.56610				
Part I Identification of Disregarded Entities Complete	ıf the organ	ızatıon answere	ed "Yes	" on Form 9	90, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activ	ity	(c) Legal domici or foreign c	le (state	(d) Total inco	ome	(e) End-of-year as	sets	(f) Direct con entit	trolling	
Part II Identification of Related Tax-Exempt Organizati related tax-exempt organizations during the tax year		ete if the organi	zation	answered "`	res" on F	orm 990,	Part IV	, line 34 bed	cause	it had one or r	nore	
(a) Name, address, and EIN of related organization		(b) ary activity		(c) Legal domicile (state or foreign country) IL 501 (C)		d) ode section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		Section (13) cor entit	512(b) ntrolled
(1)IMA EDUCATION FOUNDATION 220 E ADAMS ST	MFG EDUCA	MFG EDUCATION				TION)	IMA		Yes
SPRINGFIELD, IL 62701 36-3686904												
(2)MANUFACTURERS POLITICAL ACTION COMMITTEE 220 E ADAMS ST	CONTRIBUTI	ONS		IL	501 (C) (4)			IMA		Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	Share of	Share of	Share of	Share of	Share of total income er	Share of		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	(k) Percentage ownership
					314)			Yes	No	1	Yes	No							
												-							
Part IV Identification of Related Organizations because it had one or more related organizations						ation answ	ered "Yes	" on Fo	orm 9	90, Part IV,	line	34							
(a)	(b)	((c)		(d)	(e)	(f)		(g)	(h	1)		(1)						

Part IV Identification of Related Org because it had one or more rela					swered "Yes"	on Form 990,	Part IV, line 3	4			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(contrepresent section (b) (contrepresent section (b))	on 512 (13) Folled		
(1)IMA SERVICE CORPORATION dba XPRES	COMMUNICATION	IL	NA	C Corp	401,906	870,806	100 000 %	Yes	140		
1211 W 22ND ST NO 610 Oak Brook, IL 60523 36-4083797											
Schedule R (Form 990) 2018											

chedule K (Lotti 1980) 2010							
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule							
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No				
b Gift, grant, or capital contribution to related organization(s)	1b		No				
c Gift, grant, or capital contribution from related organization(s)	1c		No				
d Loans or loan guarantees to or for related organization(s)	1d		No				
e Loans or loan guarantees by related organization(s)	1e		No				
f Dividends from related organization(s)	1f						
g Sale of assets to related organization(s)	1 g		No				
h Purchase of assets from related organization(s)	1h		No				
i Exchange of assets with related organization(s)	1i		No				
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No				
k Lease of facilities, equipment, or other assets from related organization(s)	1k	\vdash	No				
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No				
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes					
o Sharing of paid employees with related organization(s)	10	Yes					

9		1 -	l .								
h	Purchase of assets from related organization(s)	1h		No							
i	i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No							
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes								
o	Sharing of paid employees with related organization(s)	10	Yes								
р	Reimbursement paid to related organization(s) for expenses	1p		No							
q	Reimbursement paid by related organization(s) for expenses	1q	Yes								
r	Other transfer of cash or property to related organization(s)	1r		No							
_	Other transfer of each or property from related organization(s)	15		No							

(2)IMA Education Foundation 60,000 COST

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

													
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
Schedule R (Form 990) 2018)) 2018	

